

Exhibit 2a

NSN 7840-00-834-4176

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
5-4-06	1. I/M HERE AT MY REQUEST FOR MD TO EVALUATE
1120	S/P LIPOMA EXCISION & WOUND PACKING (IODOFORM)
	0 IN WND
	ABD & 7-10 CM SURGICAL SCAR INCISION LWC
	EDGES SLIGHTLY SEPERATED DISTAL & PROX.
	IODOFORM CAUSE IN PLACE. MILD TO MOD ERYTHEMA
	TENDER. DRESSING & GREENISH DISCHARGE & ODOR
	A S/P LIPOMA CYST EXCISION
	P I/M ALSO SEEN BY DR BECKER.
	IODOFORM CAUSE IS REMOVED
	WOUND CLEANED & H ₂ O ₂ & NS → MILD TO MODERATE
	BLEEDING AFTER BEING CLEANED
	DRESSING 4x4(2) 5x9 ABD PAD COMPRESSION DSG.
	KEEP DRY & CLEAN
	Δ DSG DAILY - SUPPLIES GIVEN TO IM
	RTC 7-10 DAYS FOR RECHECK
	HAS F/U SURGICAL APT
	CMT ANTIBIOTICS BACTRIM DS + KEFLEP
	<i>[Signature]</i> PAC / J. GERAGT PAC

HOSPITAL OR MEDICAL FACILITY

STATUS

DEPART./SERVICE

RECORDS MAINTAINED AT

USO LEWISBURG

SPONSOR'S NAME

SSN/ID NO.

RELATIONSHIP TO SPONSOR

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)

REGISTER NO.

WARD NO.

10924052

MOSHIER, DONALD L.

DOB 8/18/61

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

0000001

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1

USP LVN

NSN 7540-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

5-2-06

CHRONIC CARE/SPECIALTY CLINIC(S): ID / PULMONARY

1015

SUBJECTIVE: S/P LIPOMA REMOVAL LUG 3-23-06 GERD

CONTINUES TO HAVE DRESSING Δ D AND TOLFORM ADVANCED

Present Medical Concerns:

C/O RUG PAIN AND OCCASIONAL RUG PAIN

Medication Side Effects:

NONE

Medication Compliance: - STATES HE TAKE REGULARLY

Diet: Low Fat

Exercise: MINIMAL

Tobacco Usage: ∅

Base Line Studies

Next Annual Studies Due

CXR Present:

UA:

ECG Present:

Lipids:

Peak Flow Present:

Fundoscopic & Tonometry:

Diagnostic Study Results Since Last Clinic Visit:

Consultant Reports Since Last Clinic Visit:

OBJECTIVE:

General Appearance: IN NAID

Vital Signs:

B/P 125/80 P 78

PEAK FLOW 552

T 97.7

HOSPITAL OR MEDICAL FACILITY

STATUS

DEPART./SERVICE

RECORDS MAINTAINED AT

SPONSOR'S NAME

SSN/ID NO.

RELATIONSHIP TO SPONSOR

000002

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)

REGISTER NO.

10924052

WARD NO.

MOSHIER, DONALD L
DOB 8/18/61

USP Lewisburg

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)
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FIRM (41 CFR) 201-9.202-1

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
	Skin: - DIFFUSE ACNE VULGARIS SCARING
	HEENT Non ECTOPIC CONTRACTION NORMAL
	Chest/Heart/Lungs: COR REG RATE @ M. LUNGS CLEAR TO A/P & L
	Abdomen/GI: SOFT - MINORLY TENDER RUA LUG & ERYTHEMATOUS
	7-10CM SURGICAL EXCISION WHICH IS PACKED & IODOFORM GAUZE AND
	Extremities: HAS SEPARATION AT DISTAL & PROX AREAS.
	CNS: SP CHONDROSTROM SCAL RUA BS (+) GROSSLY INTACT
	ASSESSMENT: ① ASTHMA ② ID HEP C ③ S/L LIPOMA EXCISION ④ GERD
	PLAN:
	Patient Education:
	(<input checked="" type="checkbox"/>) Tobacco Cessation (<input checked="" type="checkbox"/>) Low Fat/High Fiber Diet (<input checked="" type="checkbox"/>) Walking
	(<input checked="" type="checkbox"/>) Medication Compliance (<input checked="" type="checkbox"/>) Monitoring Condition
	DRESSING Δ D - IODOFORM ADVANCED
	Diagnostic Studies:
	(<input type="checkbox"/>) Viral Load (<input type="checkbox"/>) EKG (<input type="checkbox"/>) LFT's
	(<input type="checkbox"/>) Lymphocyte Subset (<input type="checkbox"/>) CXR (<input checked="" type="checkbox"/>) Peak Flow
	(<input checked="" type="checkbox"/>) CBC (<input type="checkbox"/>) Lipids (<input type="checkbox"/>) Other:
	(<input checked="" type="checkbox"/>) SMA-24 (<input type="checkbox"/>) UA
	Consults:
	Return To Clinic: 3 MONTHS
	Medications:
	① ALBUTEROL MDI II PUFFS QID #1 x 5R
	② RANITIDINE 150mg T PO BID # 60 x 5R
	③ NAPROXYN 500mg T PO BID & Food #60 x 5R
	④ CEDHALLIN 500mg TPO TID x 10 DAYS #30
	⑤ BACTRIM D/S T PO BID x 10 DAYS #20
	⑥ WILL DISCUSS & MR. BELLER CONC. SURGERY P/4
	<i>[Signature]</i> GERAGI PAC
	000003
	Dr. Anthony Bussanich, M.D.

NSN 7540-00-834-4176

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MEDICAL RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)		
4/19/06 0930	<p>- Exam: S/m seen by Surgeon this AM for incisional wound ✓, packed & iodine gauze to allow healing from inside-out.</p> <p>- A: wound cavitation s/p lipomaectomy —</p> <p>- P: Staff to pull out 1 inch/day and cut off slowly - redress, recheck PRN if persists/worsens</p> <p>- GOD pull 1" here in urgent care.</p> <p>———— Scott / Samuel Gosa PA-C</p>		
4/21/06 0949	<p>Admin note: wound less than 1 inch</p> <p>note of some drainage during night & 1 inch of gauze removed</p> <p>note: wound = 1/2 inch, length 1/2 inch</p> <p>Flu on 4-23-06</p>		
	<p>William Bogler, PA-C Physician Assistant</p>		
4/25/06 1150	<p>Admin note:</p> <p>Marrives for dog. No complications or complaints.</p> <p>B. PRINCE ENT P B. PRINCE ENT P</p>		
HOSPITAL OR MEDICAL FACILITY		STATUS	DEPART./SERVICE
SPONSOR'S NAME		SSN/ID NO.	RELATIONSHIP TO SPONSOR
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO.	WARD NO.

USP LEWISBURG
HEALTH SERVICES UNIT
LEWISBURG, PA 17837

mosher, David

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1

000004

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION *(Sign each entry)*

000005

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT	TREATING ORGANIZATION (Sign each entry)
3/28/06 0943	Patient Seen by Optometrist.	KAREN J. MESSER ADMINISTRATIVE ASST
04/04/06 10821	<p>S. 44% WM who had a S/P on LUQ for the excision of an abdominal lipoma. Pts stated since yesterday morning he has been experiencing tenderness on the excision site and area is swollen.</p> <p>O. Area referred is edematous and irritated tenderness when palpated. Area looks infected.</p> <p>A. ① Hx. of abdominal ^{lipoma} excision on 3/23/06</p> <p>P. ① Cephalexin 500 mg. $\dot{\div}$ cap P.O. QID \times 10 d. #40</p> <p>② Septra $\dot{\div}$ tab P.O. BID \times 10 d. #20</p> <p>③ Bact/Polym oint. Apply over affected area BID. #1</p> <p>④ pt. educ. (Warm compresses recommended. Tx and Rx use were explained. Pt. understood. F/u PRN. RTG PRN.)</p>	<p>Luis Ramirez, P.A.</p> <p>Luis Ramirez, P.A.</p>
4/11/06	<p>ADMIN. NOTE (DUE TO A LATE MOVE THE I/O WAS NOT SEEN WILL RESCHEDULE CCC VISIT.)</p> <p>B. Becker, M.D. USP Lewisburg</p>	<p>B. Becker, M.D. USP Lewisburg</p>

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MEDICAL RECORD

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CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT	TREATING ORGANIZATION (Sign each entry)
	PATIENT ENCOUNTER FOLLOWING COMMUNITY MEDICAL TRIP	
3-23-2006	Subjective: "I'm ok".	
1341	Condition giving rise to community referral: 4 cm x 4 cm lipoma- LUQ of the abdomen.	
	Procedures provided in the community: Excision of the lipoma.	
	Complications: None	
	Current symptoms and/or concerns: None	
	Objective:	
	Vital signs: deferred	
	General appearance: Alert and oriented x 3	
	Inspection of surgical site: Dermabond had been applied over the incision- no wound care needed.	
	Assessment: S/P excision of abdominal wall lipoma	
	Plan:	
	Follow-up with staff physician scheduled: no	
	Paperwork for follow-up with consultant submitted: yes	
	Paperwork for follow-up diagnostic studies submitted: no	
	Pain intensity: level=1	
	Convalescence/work restriction: quarters today	
	Wound care: None needed. The patient is instructed to alert Health Services if increased redness, swelling, pain, or pus formation develops- he understands.	
	Medications: Tylenol prn- the patient declines due to history of chronic hepatitis C- will use Naproxen he already has prn.	
	F/u in the April surgical clinic.	
	B. Becker, M.D. USP Lewisburg	
	3/24/06	
HOSPITAL OR MEDICAL FACILITY		
STATUS		
DEPART./SERVICE		
RECORDS MAINTAINED AT		
SPONSOR'S NAME		
SSN/ID NO.		
RELATIONSHIP TO SPONSOR		
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		
Moshier, Donald 10924-052		
REGISTER NO.		
WARD NO.		

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record

000007

STANDARD FORM 600 (REV. 8-97)
Prescribed by GSA/ICMR
FIRM 1 CFR 201-9.202-1

1 USD 1/1/01

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MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)		
03/09/06 10930	<p>S. 44% WM w a h/o of S/P removal of gallbladder. (cholecystectomy). April 2005. Hx. of Hep C; Hep B. Hx. of appendectomy in 98-99 (doesn't remember). Hx. venous insufficiency; Hx. of GERD. Hx. of B. Asthma. Hx. of LBP & ^{2nd} to a MVA in 1989. NKDA. Currently on Albuterol inhaler, Ranitidine and Naproxen.</p> <p>I'm referred that yesterday, at work, he was lifting something heavy and then was that the pain on right abdominal area (liver side) started. He stated he doesn't feel feel it internally but more superficial, that increases when he breath in.</p> <p>O. ^{1/5} BP 145/89 mmHg; P. 80/min; RR 18/min; T. 97.0°F; wt. 282 lbs.; ht. 6'0".</p> <p>Tenderness when right upper quadrant was palpated just on top of scar he has on that area (Hx. of cholecystectomy).</p> <p>A. ^{1/5} Muscle strain RUQ vs. liver problem. ^{2nd} to his Hep C or Hep B history.</p> <p>P. ^{1/5} Dicyclomine 20mg 2cc EPN given stat.</p> <p>^{2/5} Dicyclomine 20mg TID PO. TID x 5 d. #15</p> <p>^{3/5} Lab. Liver and Lipid profile ordered today.</p>		
HOSPITAL OR MEDICAL FACILITY		STATUS	DEPART. SERVICE
USP LEWISBURG		CONV	
SPONSOR'S NAME		SSN/ID NO.	RELATIONSHIP TO SPONSOR
HEALTH SERVICES UNIT LEWISBURG, PA 17837			
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)			REGISTER NO.
Moshier, Donald			10924-052
DOB: 08/18/1961			WARD NO.

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

000008

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
MR (41 CFR) 201-9.202-1

USP LVN

DATE _____

SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)

03/09/06
0930
CONST.

④ pt. educ. (Continue taking Ranitidine and be careful with the Naproxen. Pt. understood. Rx PRN. RTC PRN. 2 days lay in given.)

Luis Ramirez, P.A.
Luis Ramirez, P.A.

Luis Ramirez, P.A.⁴

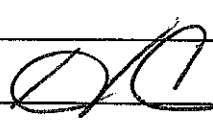
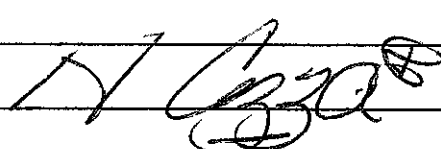
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DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)		
06 JAN 2006	ADMIN NOTE:		
0728	REFILL NARCOXEN # 175274	Mark Peoria, PA-C	
Situ	REFILL ALBUTEROL # 177207		
			
10 JAN 2006	ADMIN NOTE		
072	REFILL RANITIDINE # 175276	Mark Peoria, PA-C	
			
	Harold Cozza, RPH Chief Pharmacist USP Lewisburg		
12 JAN 2006	CHRONIC CARE CLINIC (INFECT DIS + PULMONARY)		
1132	SI. 94% STOPPED UP NOSE & HA AT NIGHT (L) LHM FEELS LIKE		
Situ 016	THERE IS A PIMPLE IN THERE. USES NARCOXEN FOR NECK & BACK		
	USES RANITIDINE FOR HEART BURN & REFLUX. ALSO ON		
	DOXYCYCLINE & ALBUTEROL. SEE FLOW SHEET.		
	O: ALERT & AMBULATORY. W/O. W/N. W/H. IN NAD. NO TICS,		
	TREMORS, COUGH, OR OBVIOUS ABNORMALITIES		
	V.S: T-97.9° F, P-73, BP 145/75 LA 8, WT. 278.25 LBS.		
(CONTINUED)	ETMS: (L) LHM - MUCH BETTER JM NOT VISUALIZED. A.O. - LHM LHM		
HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
USP LEWISBURG			
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	000010
HEALTH SERVICES UNIT			
LEWISBURG, PA 17837			
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO.	WARD NO.
MOSHIER, DONALD		10924-052	

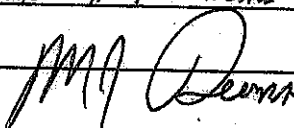
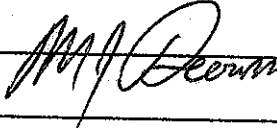
AUG 1961

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)
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USP LVN

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
12/21/2006 (continued)	O: NORMAL LABORATORIES, TM INTER
SHU 016	Lungs: CTR
	CON: RETURN MFE. NORMAL S, FOLLOWED BY NORMAL S ₂ , NO S ₃ , S ₄ ON (M)
	ABDO: GROSS. NORMAL SOUNDS SOFT, NON-TENDER. NO PALPABLE MASSES ON ORGANOGRAMMATIC PUA EXAM DO TO RESTRAINTS
	LABS: NO NEW VALUES
	A: CHRONIC HCV
	BRONCHIAL ASTHMA, STEP 2
	EXTERNAL OTIS A.S.
	LIPOMA
	P: PENDING EXCISION OF LIPOMA. WILL ORDER HCV VIRAL LOAD. F/U IN 16 WKS. ^{OPINION} CONSIDER INITIATED TREATMENT AT NEXT VISIT.
	Rx ① ALBUTEROL MDI #17 GMS. IT PUFFS QID PRN NEPHIL X3
	② RANITIDINE 150MG #30 IT PO BID NEPHIL X07
	③ MARBOXEN 500MG #30 IT PO BID NEPHIL X07
	④ CONDOMIN ORL GTS #1 INSIDE TV GTS A.S. tid
	NO NEPHIL
	 Mark Peoria, PA-C
02/28/2006	ADMIN NOTE:
0834	RESULTS OF HCV RNA LOAD COLLECTED 02/28/2006: 322,926 IU/mL
SHU 016	WILL NOTIFY PATIENT IN WRITING
	 Mark Peoria, PA-C

000011

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DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)		
12/13/05 1430	admin note: I/m. received 33 pgs of record - all records from Bradford medical Center.		
	<p>Stacey Drees</p> <p>Jeffrey Minor, RPH Contract Pharmacist</p>		
14 DEC 2005	ADMIN NOTE:		
0722	Rx ① REFILL AMITIDINE #175276		
SHU	② REFILL NAMOXEN #175274		
12/23/05 1225	Patient Seen by Optometrist. KAREN J. MASGER ADMINISTRATIVE ASST		
27 DEC 2005	ADMIN NOTE:		
0843	REQUESTS REFILL OF AMITIDINE + NAMOXEN. BOTH REFILLED 19 DEC 2005		
SHU	Rx REFILL NAMOXEN #175274		
	<p>Harold Cozza, RPH Chief Pharmacist USP Lewisburg</p>		
03 JAN 2006	ADMIN NOTE:		
0742	SHU s/c cop-out, no date. I put in two refills 12/26/05 and I		
SHU 014	ONLY GOT ONE BACK, MY AMITIDINE WHICH HAD 9 REFILLS LEFT I		
(CONTINUED)	DIDN'T GET BACK, AND I REALLY NEED IT. CAN YOU PLEASE SEND IT TO ME. I HAVE WRITTEN A COP-OUT TO DR. PRUSANICH FROM 11/17		
HOSPITAL OR MEDICAL FACILITY		STATUS	DEPART./SERVICE
SPONSOR'S NAME		SSN/ID NO.	RELATIONSHIP TO SPONSOR
			000012
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO.	WARD NO.
		10924-052	

USP LEWISBURG
Health Services Unit
Lewisburg, PA 17837

Moshier, Donald

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record


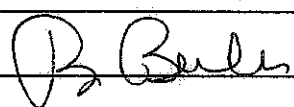
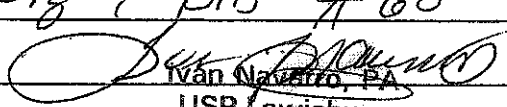
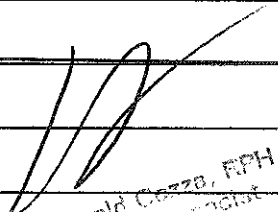
STANDARD FORM 600 (REV. 6-97)
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USP LVN

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
03 JAN 2006 (CONTINUED)	THAT I NEED IT AND THAT IT NEVER CAME BACK FROM THE "MARTIN" NIDA. SEE NOTE 27 DEC 2005.
SHU 014 Joseph Zaccaria, RPH, AUSA USP, Louisville	RECALL PAINKILLER #157 175 276 Mark Peoria, PA-C
05 JAN 2006 0949	SI. 44 YOUNG C/O PAIN ON LEB X 2 WKS BUT ONLY NOTICE 2 DAYS AGO. NOT AS BIG TODAY. DUE TO INJURY ON ANTERIOR DISTAL
SHU 014	(R) THUMB ALSO HAS LUMP ON (L) ANTERIOR THUMB JUST IN FRONT OF 10 TH RIB IN MCL. BAIL FEELS OUT IN BILLS. NEIL IS KILLING HIM. STIFF NECK. WANTS PILLAR. ON NAPROXEN, PAINKILLER, & DUXYCLINE. NIDA AGENCY TO PILE. PMH: HCV. LIPOMAS. WANTS TO SEE DR.
	O. ALERT & ORIENTATION. W/D. W/H. W/H. IN NAD. NO PLS, TREMORS, COUGH, ON OTHERS ABNORMALITIES LUMPS ON (L) ANTERIOR CHST & (R) ANTERIOR THUMB NOT APPROXIMATE TODAY. SKIN: CYCLO NENE VULGARIS X-RAYS: DEGENERATIVE DISC DZ C5-6 A: DEGENERATIVE DISC DZ C5-6 CYCLO NENE VULGARIS LIPOMAS P: INMATE TO REQUEST TO MD. DANOFF SHAMPOO FROM COMMISSARY I DO NOT AUTHORIZE OR ISSUE PILLARS IN SHU. P/L ON CHRONIC CASE CLINIC Rx DUXYCLINE 100 MG #60 IT TO GARY NO RECALL.
	Mark Peoria, PA-C 000013

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DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)		
11-18-2005 1349	ADMIN NOTE: SEEN BY DR. MOTTO IN SURGICAL CLINIC. DX- 1. 4X4 CM LIPOMA IN LUQ 2. IRRITATED BLEEDING HEMORRHOIDS RX- SCHEDULE FOR EXCISION IN SURGICENTER UNDER LOCAL ANESTHESIA HEMORRHOIDAL SUPPOSITORIES WITH HC ONE PR TID # 1 BOX 1 RF <div style="text-align: right;">  William A. Bogler, PA-C Physician Assistant </div> <div style="text-align: center;">  B. BECKERMAN </div>		
11/28/05 0650	S: Refill of Medication/s for <u>aspirin</u> O: Stable, Vital signs: BP: _____ PR: _____ A: <u>Aspirin</u> P: Refill of the following medications (See below) Pt. Educ to follow previous instructions. <div style="text-align: right;">  Ivan Navarro, PA USP Lewisburg </div>		
11/28/05	<div style="text-align: center;">  Harold Carzo, RPH </div>		

HOSPITAL OR MEDICAL FACILITY		STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME		SSN/ID NO.	RELATIONSHIP TO SPONSOR	
MOSHIER, DONALD 10924 052				
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)			REGISTER NO.	WARD NO.

USP Lewisburg
 CHRONOLOGICAL RECORD OF MEDICAL CARE
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STANDARD FORM 600 (REV. 6-97)
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 FIRM (41 CFR) 201-9.202-1

000014

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT	TREATING ORGANIZATION (Sign each entry)
30 NOV 2005	ADMIN NOTE:	
0738	SHU S/L COP-OUT DATED 29 NOV 2005 REQUESTS REFILL ABUTEROL	
SHU 010	INHALER RIDARANE ANTACID NAPROXEN ACHILIVER WAS IN MY PROPERT MY EYES ARE BECOMING BLURRY AND GETTING WORSE A COUPLE OF MONTHS PMH: ASTHMA HEPATITIS ULCER ALLERGY: "ONLY MILK" "PLUS I NEED SOME BAND-AIDS" COP-OUT IN MS PAPER FOR OPTOM APPT.	
	Rx ① REFILL ALBUTEROL #173165 WILL ISSUE LG BAND-AIDS	
	② REFILL NAPROXEN #173166	
	③ REFILL RANITIDINE #173164	
	Harold Cozra, RPH Chief Pharmacist USP Lewisburg	Mark Peoria, PA-C
05 DEC 2005	ADMIN NOTE:	
0809	SHU S/L COP-OUT DATED 02 DEC 2005 "MY EYES EVERYTIME IS	
SHU 010	BLURRY ALL THE TIME ABOUT 2 MONTHS + JUST STARTED GETTING WORSE" MEDS: RANITIDINE, DOXYCYCLINE, NAPROXEN, ALBUTEROL PMH: "ASTHMA, HEPATITIS, ULCER, AND POSSIBLE DIABETES, HIGH BLOOD PRESSURE" N/A. WILL INSTRUCT PATIENT TO REQUEST OPTOMETRY EXAM. LAST EXAM JUN 2004.	
		Mark Peoria, PA C
08 DEC 2005	ADMIN NOTE:	
0759	Rx ① REFILL NAPROXEN #175274	
SHU	② REFILL RANITIDINE	
	Jeffrey Minor, RPH Contract Pharmacist	Mark Peoria, PA-C

000015

AUTHORIZED FOR LOCA

CHRONOLOGICAL RECORD OF MEDICAL CARE

SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)

NAME MR.

R ① PERIL ACQUITTAL 173165

(2) NAPROXEN REFILL 173166

(3) RETIR PLANITONE 173164

Mark Peoria, PA-C

Harold Cozza, RPH
Chief Pharmacist
USP Lewisburg

RECORDS MAINTAINED AT

RELATIONSHIP TO SPONSOR	
-------------------------	--

WARD NO.

10924 - 052

MOSHIER, DONALD

Aug 1961

000016

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1

USP LVN

000017

00-834-4178

AUTHORIZED FOR LOCAL USE

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
	CHRONIC CARE/SPECIALTY CLINIC(S): <i>INPAT. Dixon PULMONARY</i>
<i>10.24.05</i>	SUBJECTIVE:
<i>093</i>	Present Medical Concerns: <i>was started on peg interferon 2a received approx 22 injections. Then developed gangrenous cholecystitis requiring emergent surgery at Bradford Hosp, Bradford PA</i>
	Medication Side Effects: <i>0</i> <i>No asthma diagnosed recently</i>
	Medication Efficacy: <i>yes</i>
	Medication Compliance: <i>yes</i>
	Diet: <i>low fat</i>
	Exercise: <i>yes</i>
	Tobacco Usage: <i>yes! 1 pack / 2 days</i>
	Recent Consultations/Studies: <i>HCV genotype 3E</i> <i>ASFS</i> <i>AST 64</i>
	OBJECTIVE:
	General Appearance: <i>good / not in acute distress</i>
	Vital Signs: <i>WT=278</i> <i>Peakflow</i> <i>BP: 115/90</i> <i>→ 151/81</i> <i>550</i> <i>HR: 80</i>

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPT./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	000018

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)	REGISTER NO.	WARD NO.
<i>Mosher Dawn</i>	<i>10924-052</i>	

USP Lewisburg
Health Services Unit
Lewisburg, PA 17837
USP

LEWISBURG

DOB: 08.18.1961

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
0.25.05	Skin: evidence of prur acne vulgaris
0930	HEENT: anorexia, pink conjunctiva
	Chest/Lungs: no wheezing
	Heart: S1S2 RRR 83/59
	Abdomen: SCAR RUQ
	GU: deferred
	Extremities: no edema
	CNS: ANOX3
	Assessment: ① Hepatitis C ② LUQ mass
	Plan: ③ hemorrhoids
	Patient Education: weight loss
	Diagnostic Studies: HCV RNA viral load
	Consults: ① GI / ② PA / ③ US / ④ HSE
	Return to Clinic: ③ month prior 4 weeks to ✓ BP
	Medications: ① RANITIDINE 150mg TI PO/BID (increase) #120 X 2 R
	② PANTOPRAZOLE 40mg TI PO/BID #1 X 2 R
	③ NARXEN 275mg TI PO/BID #50 X 2 R
	④ Doxycycline 100mg TI PO/daily # 14 days

Anthony Ruse

Anthony Ruse

000019

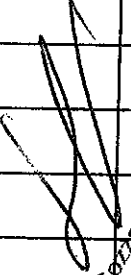

CHRONOLOGICAL RECORD OF MEDICAL CARE

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)			REGISTER NO. 10924-052
			WARD NO.

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1

000020

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
10/2/08 0235	<p>S: Refill of Medication/s for (1) LMP (2) Chronic Aortic Aneurysm (3) Aortic Regurgitation</p> <p>O: Stable, Vital signs: BP: _____ PR: _____</p> <p>A: See (5)</p> <p>P: Refill of the following medications (See below) Pt. Educ to follow previous instructions.</p> <p>(1) Ramipril 150 T BID #60</p> <p>(2) Naproxen 500 T BID #28</p> <p>(3) Dicyclanil 100 T BID #60</p> <p>(4) Albuterol Inhaler Ti prn QID #1</p>
 Ivan Navarro, PA Pharmacist USP Lewisburg	 Ivan Navarro, PA USP Lewisburg

000021

NSN 7540-00-834-4176

AUTHORIZED FOR LOCAL RE

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)		
8/25/03	<p>5:00 44y6 E In c/o pain for 1 month on C arm but trying when none in neck + neck to the left side. Pt is he y carr accident many years ago. Pt is he y C but family he y diabetis. Pt is he y also y chronic optic atro. and jaundice says on April 2005. Pt indicates is slow body + other exch ① Amblyopia marked x3 & some blurry 5th. multiple scars on back arm and chest y after directly back. few of the are red and inflamed at the time Expos: numbness y ② thumb index and middle finger ③ lateral numbness y neck. VS: BP 120/80 HR 63 Temp 97.8' wt 265 mild & some of exch marks grade ② AC Neuropathy ① Post trauma with ② He y diabetes ③ SMO 20, AIC, C-spine x rays. ④ Ranitidine 150 i BID #60 ⑤ Doxycycline 100 i BID #60 ⑥ Naproxen 500 i BID #60</p>		
HOSPITAL OR MEDICAL FACILITY		STATUS	DEPART./SERVICE
SPONSOR'S NAME		SSN/ID NO.	RELATIONSHIP TO SPONSOR
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO.	WARD NO.

Harold Cozart, RPH
Chief Pharmacist
USP Lewisburg

Moshier, Donald

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 8-97)

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FIRM (41 CFR) 201-9.202-1

000022

[illegible]

NSN 7540-00-834-4178

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MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
6-17-05 0937	Admin note: IM requests medication for chronic back + head pain. Rx: ① Acetaminophen 324mg po q 4-6 hrs prn #24. <i>B. Prince EMT</i> Beverly Prince, EMT Paramedic USP Lewisburg
6/24/05 1040 5/1	S: Refill of Medication/s for ① 62MD ② LMP ③ C ₂ to ④ ⑤ Asphy. O: Stable, Vital signs: BP: _____ PR: _____ A: 54(5:) P: Refill of the following medications (See below) Pt. Educ to follow previous instructions. <i>Herold Corza, RPH</i> Chief Pharmacist ① Ramitro 150 T B15 #60 ② Dicyclan 100 T B10 #60 ③ Albuterol Inhaler T B10 #10 # ④ Naprox 220 T B15 #60 <i>Ivan Navarro, PA</i> Ivan Navarro, PA USP Lewisburg

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO. 10924-052	WARD NO.

Moshier, Donald

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 8-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1

000024

USP
1511

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
0800 7/28/5	<p>3: Pt ch ulceration on toe & cystic acne on back, Dyspepsia</p> <p>O: Alert, oriented, NAD. Attended, scarred back with numerous pustules. Ulceration, open wound on left hallux.</p> <p>A: Cystic Acne, ulceration on toe, Dyspepsia.</p> <p>P: Pt ED not required.</p> <p>Att. PRN.</p> <p>Bacitracin Ointment bid #1</p> <p>Ranitidine 150 mg bid # 60, 2 RF</p> <p>Doxycycline 100 mg bid, # 60, 2 RF</p> <p><i>17/3301</i></p> <p>Paul Clemens, Sr., PA-C Commander, US PHS</p> <p>Harold Cozza, RPH Chief Pharmacist USP Newburgh</p> <p>1: 1000 mg of the following drug: 1000 (200)</p> <p>2: 1000 mg of the following drug: 1000 (200)</p>

000025

59 60 MEDICAL SUMMARY OF FEDERAL PRISONER/A

FEDERAL BUREAU OF PRISON.

99
DEPARTMENT OF JUSTICE

Clearance Yes ☒ No ☐
PPD Completed: 7-1-04 Date _____
Results: 0x0 mm
CXR Completed: _____ Date _____
Results: _____
Health Authority _____
Clearance: OK
[Signature] 6/14/05
Date _____

Note:
Dates listed above must be within
one year of this transfer.

Name Moshier Donald	Prisoner/Alien Reg. # 10924-052	D. # 818 64
Departed From McKean	Date Departed 6-16-05	
Destination Lew	Reason for Transfer Non Medical	
Dist. Name	Dist. #	Date in Custody _/_/_

Current	1. <u>Chronic HCV</u>	4. <u>S/P Cholecystectomy</u>
Medical	2. <u>Cirrhosis</u>	5. <u>Asthma</u>
Problems	3. <u>GERD</u>	6. _____

[illegible]

Special Needs Affecting Transportation		
Is prisoner medically able to travel by BUS, VAN or CAR?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If no, why not?
Is prisoner medically able to travel by airplane?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If no, why not?
Is prisoner medically able to stay overnight at another facility en route to destination?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If no, why not? 000026
Is there any medical reason for restricting the length of time prisoner can be in travel status?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, state reason
Does prisoner require any medical equipment while in transport status?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, what equipment?
Sign and Print Name <u>Director</u> <u>alcom MD</u> <u>certifying Health Authority</u>	Phone Number	Date Signed <u>6/14/05</u>

Record (Top page Position one); Copy - Transferring Institution

Sign and Print Name D. Olson, MD
 Record Medical Director Transporting Officer: Copy - Health Record (Top page Position one); Copy - Transferring Institution
 Replaces BP-S659 of Mar

Replaces BP-S659 of Mar

USP Lewisburg
Inmate Received, this date 6/16/05
Medical History Reviewed ☒ Yes ☐ No
Evidence of lice ☐ Yes ☐ No
Suicidal Thoughts ☐ Yes ☐ No
Recent Assault, Trauma or Abuse ☐ Yes ☐ No
Signs and Symptoms of Infect Dse ☐ Yes ☐ No
Allergies to Medications ☐ Yes ☐ No
Medications ☒ Yes ☐ No

Lactulose, albuterol +
Zantac issued.

B Prince
Beverly Prince, EMT-P

000027

10-00-834-4178		AUTHORIZED FOR	
MEDICAL RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)		
2/7/05	Check back Post op 7/4/13/05		
3/30/05	feels fine Wgt 249 Bp 110/70 P80		
	ditch heart on not walking racing		
	lab - awaiting - off Pao & Rtg		
	I want to see a small heart		
5/14/05	(he feels a lump in his chest which I think is ribs)		
	satisfactory post op chest o/s dermally		
	TX: Heparin - Surpender legs		
	P) Pna Medsurgery		
	Tylenol 500mg q 4h PRN #28 RF 6		
	Aspirin 150mg BID #100 RF 8		
	Cefazolin 1g IV q 8h PRN #30 RF 3		
	Bacitracin 100mg BID #1 RF 3		
	awake		
	CB vimo		
Reviewed By: V. Geza, PharmD		H. Beam, MD FCI McKean	
HOSPITAL OR MEDICAL FACILITY		STATUS	DEPART./SERVICE
SPONSOR'S NAME		SSN/ID NO.	RELATIONSHIP TO SPONSOR
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO. 10924-052	WARD NO.
		RECORDS MAINTAINED AT 000028	

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV. 6-97)
GSA/ICMR

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

HISTORICAL RECORD

CHRONOLOGICAL RECORD

MEDICAL CARE

DATE	SYMPTOMS, Dx	SIS, TREATMENT	TREATING DR.	ACTION (Sign each entry)
	CLINIC(S): () Cardiac () Hypertension () Diabetes () Infections () Endocrines () Lipid () Pulmonary () Mental () Neurology () Ortho () General () Other: <i>Postcholecystectomy</i> <i>Hx C At Thru</i>			
	SUBJECTIVE: (Chief Complaint) <i>(4/19/05)</i> <i>HERD</i>			
<i>15/05</i>	<i>feels better, scant abd pain</i>			
<i>1320</i>	<i>post interferon/Riba Tx - renewed 25wks</i>			
	Med. Compliance: <i>Though 11 wks of full</i> <i>dose interferon</i>			
	OBJECTIVE: (Review System) Age: <i>43</i> Sex: <i>Male</i>			
	B / P: <i>110/80</i>	P: <i>70</i>	Wt: .	T: . R / R: . SO2%: . Peak Flow: .
	HEENT: <i>OK</i> Last Op / Opth. Eval.: .			
	Heart: <i>OK</i>			
	Lungs: <i>OK</i>			
	Abdomen: <i>ABD / S O / B SEA</i>		<i>530</i>	
	Genital / Rectal: <i>Healing RUQ scar</i>		<i>550</i>	
	Extremities: <i>Staples removed</i>		<i>600</i>	
	Neuro: .			
	Recent Lab Results: <i>Disured Father - very ill</i>			
	ASSESSMENT(S): <i>chronically poorly dys</i>			
	DSM IV Classification			
	Axis I:		Axis IV:	
	Axis II:		Axis V: GAF Score:	
	Axis III: <i>Satisfactory post cholecystectomy</i>			
	Preventive Care: <i>off PEG, Riba</i>		Exercise: <i>Stable</i>	
	Tobacco Use:		Medication Side Effects:	
HOSPITAL OR MEDICAL FACILITY		STATUS		DEPART. / SERVICE
SPONSOR'S NAME		SSN / ID NO.		RELATIONSHIP TO SPONSOR
				000030

PATIENTS IDENTIFICATION: (For typed or written entries give: Name - last, first, middle; No. or SSN; Sex; Date of Birth; Rank / Grade)

REGISTER NO.

WARD NO.

*Donald Morrison**10924-0512*

CHRONOLOGICAL RECORD OF MEDICAL

Medical Record

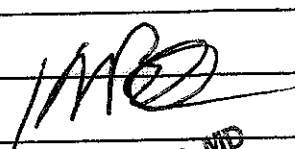
STANDARD FORM 600 (REV. 5-71)

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION		Sign each entry)									
Pain Level:	1	2	3	4	5	6	7	8	9	10	
PLAN:											
<p>Patient Education:</p> <p>() Discussed Test Results () Discussed Tx Plan</p> <p>() Etiology, Complications, Prognosis, Prevention</p> <p>() Diet, Diabetic / Cardiac / Disease, Lifestyle Changes () No Smoking</p> <p>() Medication Dosage / Administration / Compliance / Side Effects</p> <p>() Patient Understood Topics () Verbalized Understanding</p> <p>() Instructed If Problems or if running out of medication, should sign up for sick-call or send cop-out.</p>											
<p>Diagnostic Studies: () CBC / Dif () U / A () LFT () Chem. Profile () Lipids () HgA1c</p> <p>() PSA () Viral Load () CD4 () Toxo Igg. () Hepatitis Panel</p> <p>() CXR () EKG () Others:</p>											
<p>Consultations: () Optometrist () Ophthalmologist () Orthopedic Surgeon</p> <p>() Others:</p>											
<p>Referral for Vaccination: () Influenza () Pneumococcal () Other:</p>											
<p>Return to Clinic for routine Follow-Up on: 3 WKS 4 CD 4 Ables</p>											
<p>Treatments(s):</p> <p>Herallmeds</p> <p>WPS</p>											

000031

N 7640-00-834-4176

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)		
	Adm - Shunovely		
1/29/05	S) C/S incisional pain & sore throat (CS tube) 2 looks in mtd - mod pain w/iters - healing well At 10:00 #10 SP cholecystectomy discharge - incisional pr		
	P1 Rted. med refills CB for staples out next wk Refill Tylenol #3 $\frac{1}{4}$ po tid #5 days		
	DEA# BF1879800-002		
	 H. BEAM, MD FCI MCKEAN		
HOSPITAL OR MEDICAL FACILITY		STATUS	DEPART./SERVICE
			RECORDS MAINTAINED AT FCI McKean
SPONSOR'S NAME		SSN/ID NO.	RELATIONSHIP TO SPONSOR
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)			REGISTER NO. 10924-052
			WARD NO.

Donald Morlier

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1

000032

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)

HSN 7640-00-434-4176

AUTHORIZED FOR LOCAL

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)		
4/27/05	Check in back from hospital -		
4/27/05	4370		
	S) SP Cholecystectomy on 4/19/05 for what proved to be a gangrenous gallbladder. Handline well - is eating; C/O slight diarrhea 3-4 times a day from W surgery for duration of stay.		
	D) looks a little pale - T 96.5		
	clonus recent on Bp 130/80		
	Ad RUQ incision healing P 70		
	well and not emphysema -		
	(much less than on 4/18 at hospital)		
	last WBC 1500 approx (was 15000) on 4/18/05		
	which is stopped now,		
	C/Diff. pending; as is H/C Vivallo		
	D) 1) POD #8 SP Cholecystectomy 4/19/05		
	for gangrenous gall bladder		
	2) Danke 20 ARA		
	3) Henc - Tx Summary 229 103		
	4) ASTing		
HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	FCI MORGAN
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO.	WARD NO.
		10924	052

Donald Mashier

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)
 Prescribed by GSA/ICMR
 FIRM (41 CFR) 201-9.202-1

000034

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
4/29/05 1430	Pres. call for assistance for pain, fever • Lactobacillus → cap tid #6 RPO from Hosp. • Tylenol 500mg qid po Bid #28 RPO • Tylenol #3 qid po Bid prn pain #3 day DEA # BF1879800-002
5/4	<div style="display: flex;"> <div style="flex: 1;"> <p>"urinal melt"</p> </div> <div style="flex: 2;"> <p>Alluteral qid puff Qid #1 RPO Doxycycline 100mg po NPO Hold 4/27/05 Bacitracin unid bid #1 RPO Betamethasone unid bid #1 RPO only Hydrocortisone 100 cream bid #1 RPO for Ranitidine 150mg po Bid #14 RPO after 2 weeks - persistent → Lactobacillus → Lactulose 1500 bid #1 RPO</p> </div> </div> <p>CB 1wk - set of - Staple out 1wk</p>
	<p>Reviewed By: <i>[Signature]</i> V. Geza, PharmD</p> <p style="text-align: right;"><i>[Signature]</i> H. BEAM, MD FCI MCKEAN</p>

000035

NSN 7540-00-834-4176

AUTHORIZED FOR LOCAL

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
4/22/05 0800	Adm Note I visited inmate in hosp, doing OK, SOB in chair VSS, C/D abd "bloating", abd. distended some, on liquid diet, inmate is in Room 446 (Regen room) J. Fleming, MD Clinical Director
4/23/05 1200	Admin note. I/M stable, staff stated that he will be re eval on 4/25 for pass. Dr J. Fleming, EMT-P FCI McKean
4/24/05 1030	Admin note I/M stable, drainage tube removed from I/M, re eval on 4/25 J. Fleming, EMT-P FCI McKean
4/25/05 1445	Admin! eating; on IV ABX - looking stable J. Fleming, MD FCI McKean

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT J. Fleming, MD FCI McKean
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO. 10924-052	WARD NO.

Moshier, Donald

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 8-97)
Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1

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NSN 7540-00-834-4176

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE E. 446 -

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
4/18/05 1645	Adm - I called - /m at 1700 - Dr Graham will be by immediately H. BEAM, MD FCI MCKEAN
4/19/05 1120	Adm He will be taken to surgery later this afternoon H. BEAM, MD FCI MCKEAN
4/19/05 1600	Adm - Dr Graham called gangrenous gallbladder open procedure successful High mortality rate in a (50% Difficult case) Cirrhotic with hepatitis - He will be in Hospital 7 to 10 days on a conservative estimate. I notified An Robare H. BEAM, MD FCI MCKEAN

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT FCI McKean
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)			REGISTER NO. 10924-052
			WARD NO.

Donald Mosher

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical RecordSTANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1

000038

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
4/20/05 0920	Adm - I spoke to Graham - 1/m is doing well so far - H. BEAM, MD FCI MCKEAN
4/20/05 1300	Adm - Discontinue Peg Interferon 2a Discontinue Ribavirin Reviewed By: V. Geza, PharmD H. BEAM, MD FCI MCKEAN
4/21/05 0700	Adm Vt I visited the inmate in the hospital, he is alert & talking, moderate post-op pain, & vomiting good urine output, VSS, found UTI also, on strong IV antibiotics, fluids, doing OK so far D. Olson, MD Clinical Director

000039

ISN 7640-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)		
4/15/05 1245H	<p>Adm. & disamed in Anderson Thickness of B wall no stones - best explanation of pain is acalculous cholecystitis - upper endoscopy, ⊖ for lesions & no varices 1/11/05 symptoms & w/4 return to FCI tomorrow</p> <p style="text-align: right;">H. BEAM, MD FCI MCKEAN</p>		
04/16/05 0920 hrs.	<p>Admin Note: Contacted KCH in regards of inmate's condition, spoke w/ Dr. Anderson he stated the inmate was doing fine; he didn't see or note ^{error} anything on Ct or ultra sound; did have IV antibiotics; ⊖ changes on CBC's or EKG's; Inmate would be returning to FCI today and still waiting for Radiologist report to be finalized.</p> <p style="text-align: right;">B. Douthit EMT-P B. Douthit, EMT-P FCI McKean</p> <p>Reviewed by D. Olson, MD Date: 4/18/05</p>		
04/16/05 1300	<p>Inmate @ FCI w/o any complaints.</p> <p style="text-align: right;">B. Douthit, EMT-P B. Douthit EMT-P FCI McKean</p>		
HOSPITAL OR MEDICAL FACILITY		STATUS	DEPART./SERVICE
SPONSOR'S NAME		REVIEWED BY: D. Olson, MD SSN/ID NO. Date: 4/18/05	RELATIONSHIP TO SPONSOR
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO. 10929-052	WARD NO.

Donald Moshier

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1

000040

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
4/18/05 090	<p>Acute Cholecystitis</p> <p>Adm - See Kane Hosp Sheet</p> <p>Augment 500mg i po tid # 80</p> <p>Reviewed By: V. Geza, PharmD</p> <p>REF</p> <p><i>[Signature]</i></p>
4/18/05 1000g	<p>Flu Hospitalizy</p> <p>his feeling much worse every return to facility, and so accelerated yesterday. His dx was Acute Cholecystitis</p> <p>7) Hemo may chills green up</p> <p>Abt Terdi RQX RQ heel drop test vey (+) Disuncl E Dr Graham</p> <p>11) Acute Cholecystitis w/ty peritoneal signs - Hope; on Interferon Riba. Immunosuppressed.</p> <p>P) Pres - "we'll take care of you" Transfer to Bradford Hosp under care of Dr Graham</p> <p><i>[Signature]</i></p>

DR. BEAM, MD
 FCI MCKEAN

TG 86
 RP 130/80
 P 80

DR. BEAM, MD
 FCI MCKEAN

NSN 7540-00-434-4176

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MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
4/14/08 0950	<p>7/ Acenatropenolol PT ASD w/ T3 48hr of sensation of swelling epigastric pain. vomited x1 no fever but feel chilled</p> <p>on Peg I, R' Ga.</p> <p>4/5/08 WBC 1800 ANC 882 PT 38.5</p> <p>of look mildly uncomfortable Quite tender in epigastric area to palpation - ASD no obvious swelling or fluctuance chest clear heart tone Neurological - all 4 symmetrical</p> <p>17/ Epigastric Tenderness; on Peg I, R' Ga for HepC and drug-induced symptoms</p> <p>18/ PRed - w/u to follow To Kane ER for blood work & w/u I called to alert</p>

BPD 120/50

P80
T98°

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPT. / SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	FCI McKean
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)			REGISTER NO. 10924-052
			WARD NO.

Donald Morrison

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical RecordSTANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1

000042

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
4/14/05 1630G	Adm - I called @ @ Kany Ym in ultraviolet H. BEAM, MD FCI MCKEAN
4/15/05 0700	Adm Htl I mntl doing OK, had ultrasound yesterday, → ? GB disease, scheduled for endoscopy today
4/15/05 1200	Adm Htl Dr Anderson called → endoscopy was neg, CAT / ultrasound suggest GB disease 5 stones, being treated for this D. Olson, MD Clinical Director

000043

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MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
4/7/05 0840 (5/14)	adms note: Interferon 180 mg self administered by inmate 4/14/05 5 difficulty. Tolerated well. Eric Asp PA-C
4/13/05 2200	③ called by staff "Inmate stated his chest hurt and couldn't breathe." ① m PE CAOX3; ② Acute distress; Pain is mid-sternum non-radiating; Pain 8/10; states it is a pressure w/ swelling; ③ visual swelling noted; ④ redness from inmate rubbing area ^{error} with right below sternum. Inmate ⑤ SOB; talking in full sentences; SpO2 on R.A. 99%, Pulse 84 Resp. 18; States hard to lay flat to sleep; moving around cell w/o any trouble; ⑥ Anxiety Poss. or muscle pain ⑦ Assessment; Rest tonight, try to relax; Advised him this would be referred to DAY P.A. on 4/14/05. Inmate Agreed / understood. B. Douthit EMT-P B. Douthit, EMT-P FCI McKean Reviewed by D. Olson, MD Date: 4/14/05

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	FCI McKean
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)			REGISTER NO.
			WARD NO.

Moshier, Donald
10924-052

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 8-97)
Prescribed by GSA/ICMR
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000044

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
4/14/05 0715 (SHW)	<p>S: Emergency triage. Pt states that for the last two weeks off and on. Now for the past week it has been constant and the sharpness has increased. Now he states he can't sleep and is vomiting. Pain to "right between my ribs and shoots to my back" Pain level 10/10.</p> <p>R: BP: 142/80 (D) 130/70 (C) Temp: 96.8 Pulse 100</p> <p>HEENT: PERRLA, EOMV, and</p> <p>Heart: RRR</p> <p>Lung: CTA bilateral 5 cm lobes, rales, rhonchi</p> <p>Abd: soft, tender to percussion and palpation, ⊕ diffuse serella, ⊕ fullness at L4Q, ⊕ bruits</p> <p>A: R/O pneumonia</p> <p>P: ① Education - continue care - Pt understands</p> <p>② Consult MD</p> <p style="text-align: right;">Eric Asp PA-C</p>
4/14/05 1025	<p>Addendum:</p> <p>Interferon 180 mcg self injected by nurse 5 difficulties tolerated well.</p> <p style="text-align: right;">Eric Asp PA-C</p> <p style="text-align: right;">* 25/11 [Signature] 4/14/05</p>

000045

HSN 7540-00-534-4178

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MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)

8/24/05 Admin Hepc Tx
 (documentation of Anger) 3/3 = #19/5
 1430 will verify reawed 3/10 = #20/6
 3/17 = #21/7

labs ALT 123

WBC 1500

Hct 37.7

platelet 82×10^3 o7o neut 46.5

Anc 690

H Hepc Tx - counts are barely
 acceptable in regard to WBC
 Anc is ok - proceed with Tx

P) monitor
 CBIWK

H. BEAM, MD
 FCI MCKEAN

HOSPITAL OR MEDICAL FACILITY

STATUS

DEPART./SERVICE

RECORDS MAINTAINED AT

SPONSOR'S NAME

SSN/ID NO.

RELATIONSHIP TO SPONSOR

FCI McKean

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex;
 Date of Birth; Rank/Grade.)

REGISTER NO.

WARD NO.

10924-052

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)

Prescribed by GSA/ICMR
 FIRM (41 CFR) 201-9.202-1

000046

Donald Marshall

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)	
3/31/05 0800	admin note: Interferon 180 mcg self injected by inmate 5 difficulty. Tolerated well.	#23/9 HBR 3/31/05 Eric Asp PA-C H. BEAM, MD FCI MCKEAN
(SHU)		
	CB - Interferon TB feeling ok	
3/31/05 1430	7/ Clotchy lower leg. Urine & Bactera look to have pilonid abscess in the poreum (The usual interferon itch) also c/o pain in (Luo) lipoma as before	
	ALT 91 WBC 1,900 Avc 1045 Hct 37 Pct 80	
	A) satisfactory on 9th full dose Reg I	
	P) P ^{del} reverse 9/ CB BWKs	
	Beclomethasone 2mc bid #1 RT-2	
	Re: 2. Olson, MD Date: 4/1/05	H. BEAM, MD FCI MCKEAN

000047

NSN 7540-00-834-4176

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MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT	TREATING ORGANIZATION (Sign each entry)
3/3/05 0630h	Admin Note #19/5 Interferon 180mcg AZA Inj. self	3/3/05 Robert E. Piotrowski, PA-C FCI McKean H. BEAM, MD FCI McKean
3/10/05 0615h	Admin Note #20/6 Interferon AZA 80mcg self Inj. Tolerated well & Inj. continued	3/31/05 Robert E. Piotrowski, PA-C FCI McKean H. BEAM, MD FCI McKean

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT FCI McKean
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)			REGISTER NO. 10924-052
Markier, DONALD			WARD NO.

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)
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FIRM (41 CFR) 201-9.202-1

000048

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)			
3/17/05 0640h	<p>Administration Note:</p> <p>Interferon 180mcg A2A Inj. Self</p> <p>#2117 N22/3/05</p> <p>Robert E. Piotrowski, PA-C FCI McKean H. BEAM, MD FCI MCKEAN</p>			
3/24/05 0630h	<p>Administrative Note</p> <p>Interferon 180mcg A-2A Inj. Self</p> <p>#2218 N22/3/05</p> <p>Robert E. Piotrowski, PA-C FCI McKean H. BEAM, MD FCI MCKEAN</p>			
<p><i>[Large X mark across the page]</i></p>				